

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90132 032 ****50.00



DOCUMENT # L03000054164	
1. Entity Name COVENANT TRUST HOUSING FOUNDATION, LLC	
Principal Place of Business 12832 MEADOWBREEZE DR WELLINGTON FL 33414	Mailing Address 12832 MEADOWBREEZE DR WELLINGTON FL 33414



2. Principal Place of Business 814 LAKE WELLINGTON DR. Suite, Apt. #, etc.	3. Mailing Address POST OFFICE BOX 2299 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State WELLINGTON, FL	City & State PALM BEACH, FL	4. FEI Number 20-0513237	Applied For Not Applicable
Zip 33414	Country USA	Zip 33480	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ATTEBURY, WILLIAM W III ESQ 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIOTT, STEPHEN 12832 MEADOWBREEZE DR WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stephen Elliott 3/17/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #